

Health Department, City of Baltimore.

Permit No. A 1870

Office of Registrar of Vital Statistics.

Ward

13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7.31.87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm L. Smith

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 45 Years, _____ Months, _____ Days.

Color, ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, rod. carrier

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Caroline Co Md

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, { Give Street and Number. } 911 Birch St

Cause of Death, { First (Primary), Second (Immediate), } Congestion of Brain

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 31 1887

{ Undertaker, H. B. Ross

M. D.

{ Place of Business, 404 Corn St Address, 32772 Leck

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. A 1871 Office of Registrar of Vital Statistics.

Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lepe Whittington
Sex, Male or Female, {Cross out the word not required in this line.}
Age, 79 Years, _____ Months, _____ Days
Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Preacher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert Cy Md

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give Street and Number.} 208 N. Calvert St

Cause of Death, {First (Primary), Diarrhoea
Second (Immediate), Exhaustion}

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Marple Cemetery

Date of Burial, July 31 1887

Undertaker, H. R. 88

Place of Business, 404 Connoyer St Address, 218 N. Liberty St

C. J. Starr M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1872 Office of Registrar of Vital Statistics. Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Phillip Theodore Wernersman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 4 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } No 419 N Eutaw

Cause of Death, { First (Primary), Second (Immediate), } Dysentery. Artificial Food &c
Marasmus. Prostration from Heat

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Aug 1 1887

Undertaker, Charles W. Ford J. Ridgway Andre' M. D.

Medical Attendant.

Place of Business, 710 Canton St Address, 1123 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. A 1873 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eva Stokes

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 Years, _____ Months, _____ Days

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, always

Place of Death, { Give Street and Number. } 702 Luzern St.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia (Croupous) Mitral Regurg.
Asphyxia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Aug 2 1887

{ Undertaker, E. Sander } Frank C. Burch M. D. Medical Attendant.

{ Place of Business, 1710 Canton Ave. Address, 1711 Bannock St. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back

Health Department, City of Baltimore.

Permit No. 1874 Office of Registrar of Vital Statistics. Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel H Chase

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — Years, 3 Months, — Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. Del.

Duration of Residence in the City of Baltimore, always

Place of Death, { Give Street and Number. } N. 823 Sterling

Cause of Death, { First (Primary), Second (Immediate), } Pharyngeal cancer
congestion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 1st 1887

{ Undertaker, Wm. H. Hickman M. D. L. O. Mumford Medical Attendant.

{ Place of Business, 510 N. Gay Address, 25 S. Eder

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 1875 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~ten~~ four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carolina Virginia Brown

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, Years, Months, 20 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 1513 William St

Cause of Death, { First (Primary), Second (Immediate), } Gastro-Enteritis

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, August 2d

{ Undertaker, Bernard Mark } Robert S. Rowe M. D. Medical Attendant.

{ Place of Business, 115 North St } Address, 1012 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1876 Office of Registrar of Vital Statistics.

Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1887.

Full Name of Deceased, Annie Kostonich {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 Months, 25 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, _____

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 3 Bethel Court

Cause of Death, {First (Primary), Convulsions (Internal)
Second (Immediate), One day}

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, August 1/87.

Undertaker, Frank Beach } John H. Rehberger M. D. Medical Attendant.

Place of Business, 827 N. Durham Address, 1709 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department City of Baltimore.

Permit No.

1877

Office of Registrar of Vital Statistics.

Ward

8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 30 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Meliana H. Abraham

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

56 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Ship Builder

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balto Co

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give Street and Number. }

1447 N Central Ave

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cemetery

Date of Burial,

August 1st 1887

{ Undertaker,

Denny & Mitchell

M. D.

{ Place of Business,

208 S Broadway

Address 483 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. 1878 Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 29th 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Lawrence C. Hinson

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

3

Months,

14 Days.

Color,

Black

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

Give Street and Number.

74 1st Sex Alley

Cause of Death,

First (Primary),

Second (Immediate),

Cholera Infantum

Convulsions

Duration of Last Sickness,

5 Days

All the above information should be furnished by the Physician.

Place of Burial,

Spring Green

Date of Burial,

Aug 4, 1887

Undertaker,

J. C. Locke

Wm. L. Russell

M. D.

Medical Attendant.

Place of Business,

419 N. Dalglish

Address,

800 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back.

Health Department, City of Baltimore.

Permit No. A 1879 Office of Registrar of Vital Statistics.

Ward 2¹¹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30 - 1897

Full Name of Deceased, Robert Jendrick
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male Female, { Cross out the word not required in this line. }

Age, 41 Years, 1 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, Coal worker

Birth Place, Germany
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, thirteen (13) years

Place of Death, Back stairs off Ehrmanns Coal Wharf
{ Give Street and Number. }

Cause of Death, accidental drowning
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, August 1, 1897

Undertaker, Frank Brach, E. H. Ruttig M. D.
Medical Attendant.

Place of Business, 227 N. DuRhont Address 406 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]